

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/620006

FILING DATE

APPLICANT(S)

12/29/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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8						
9						
10						
11	1					
12		1				
13		1				
14		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	9					
TOTAL CLAIMS	12					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						